

# Application of Clinical Judgment Models to the Development of Academic Advisors

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*The critical thinking process of professional reasoning underlies academic advising practice. Although an essential component to effective advising, professional reasoning is rarely explicitly taught. Tenets of clinical judgment models routinely applied to the development of reasoning in health professionals, specifically clinical competence and clinical judgment, align with the development of professional reasoning in academic advisors and can be applied to advisor training and development. Clinical judgment models can inform those tasked with training advisors to articulate the expectations for professional reasoning, in part, because they can help account for differences between advisors in the various stages of reasoning development.*

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Exceptional critical-thinking skills make up a cornerstone of the engaged problem solving necessary for effective advising. However, critical thinking is defined according to context. Health professionals have examined how workplace-specific critical-thinking skills, referred to as *clinical judgment* or *clinical competence*, develop in students with no expected range of clinical expertise and contribute to the growth of expert practitioners. These models for clinical judgment comprise additional layers in the context of academic advising. Like nurses and other skilled healthcare practitioners, academic advisors enter the profession with little context for their reasoning, and over time, they apply knowledge and experience to offer efficient, student-centered practice.

Tanner's model of clinical judgment and Benner's stages of clinical competence, usually applied to nurses, serve as excellent starting points for considering the parallels between clinical reasoning among healthcare practitioners and the professional reasoning of academic advisors (Benner, 1982; Tanner, 2006). Tanner (2006) chose the phrase *clinical reasoning* to refer specifically to

"the processes by which nurses and other clinicians make their judgments, and includes both the deliberate process of generating and critically evaluating alternatives, weighing them against the evidence, and choosing the most appropriate, and those patterns that might be characterized as engaged, practical reasoning" (pp. 204-205). Tanner's model is characterized by four aspects of the reasoning process: noticing, interpreting, responding, and reflecting.

Benner's model of clinical competence describes stages of reasoning development in clinicians over time, which differs from Tanner's model that describes the way clinical judgment is employed in the moment. Benner described the progression of nurses through five stages of clinical proficiency, beginning with a need for constant supervision and little technical proficiency and building to an ability to intuit and respond to patient needs with minimal mental energy. (Benner, 1982)

A comparison of the structures of Benner's and Tanner's models suggests that learning to reason as a professional happens as a long-term, developmental process and in the moment. Any examination of a similar professional reasoning model for academic advisors also must take into account both short- and long-term applications of reasoning skills. The term *professional reasoning*, comparable to Tanner's definition of clinical judgment, refers to a specific level of problem solving and critical thinking applied within the context of the advisor's role in the development of thinking patterns applicable to a range of advisor responsibilities.

The literature on advisor training presents a strong framework for the way professional development can be structured to enhance knowledge acquisition and interpersonal skills. Additional consideration for the enhancement of professional reasoning extends beyond training of essential functions to promoting new ways to think like an advisor; that is, advisors are taught to employ critical thinking strategies uniquely tailored to the demands of academic advising as a profession.

## Review of the Literature

### Benefits of Interdisciplinary Theory

Himes (2014) suggested that a normative theory for advising may draw heavily from other disciplines, including education, student development, and the humanities. While Himes did not include health sciences in this list of useful analogic theories, significant parallels characterize the development of reasoning within the health field, specifically nursing, and academic advising. Schulenberg and Lindhorst (2010) described the common purposes of advising as engaging students in reflective conversations, teaching them about the nature of higher education, and provoking personal change. Nurses and other healthcare professionals share a similar purpose. Like advisors, nurses engage with patients in both short- and long-term contexts to facilitate clear understanding of options and encourage adaptive behaviors. Both nurses and academic advisors pursue these ends with a population not necessarily receptive to change. The target audience at any given institution or in any interaction may range from highly motivated to resistant to even hostile. Expert practitioners adapt to the cultural and contextual realities of the situation to meet specified goals.

Despite the benefits of interdisciplinary theory and the parallels between the essential reasoning requirements of advisors and nurses, little healthcare research has been included in the discussion of improving practice for advisor training and development. However, as Katz and Martin (1997) explained, “Modern research is increasingly complex and demands an ever widening range of skills. Often, no single individual will possess all the knowledge, skills, and techniques required” (p. 14). Research around the development of professional reasoning skills in advisors would benefit tremendously by incorporating parallels in existing research from fields with similar developmental expectations of practitioners.

### Construction of Professional Reasoning

Training for new advisors has been traditionally broken into three components: the conceptual, the informational, and the relational (Habley, 1987). Conceptual knowledge is the shared context of advising that accounts for a well-developed understanding of students and a cultural consensus on advising ideals. The

informational component encompasses the prescriptive knowledge that an advisor needs for performing the role. Relational factors include the student-facing skills needed to build relationships and influence student outcomes positively.

McClellan (2007) suggested an intriguing addition to this framework: the personal. The personal component roughly corresponds to Higginson’s (2000) description of advisor self-knowledge: an introspective understanding of advisor contributions to the context of the advising situation. Advisors must consider their own histories, perspectives, traits, attitudes, and experiences before they can adequately understand their personal baseline for approaching advising interactions. McClellan (2007) described the personal component of advisor development as an introspective process requiring an “ongoing awareness of self and the application of skills in self-assessment, self-regulation and growth” (para. 15). A strong grasp on the personal component of advising represents a great feat of professional reasoning and a distinguishing quality of an expert advisor.

Folsom, Joslin, and Yoder (2005) indicated, “Advisors develop excellence over time, student by student, through an experiential synthesis of the conceptual, informational and relational components of advising” (para. 1). When seeing theory in action through relational aspects, advisors incorporate their experiences with their own beliefs about advising and their role (Himes, 2014).

### Advisor Training and Development

One perspective on the ways advisors develop professional reasoning comes from examination of advisor adaptation while undertaking increasingly complex roles. Because they tend to learn the profession student by student, advisors may resist opportunities to advance into roles with less student interaction (Detwiler & Porath, 2015). However, by taking on new responsibilities, especially in multiple institutional contexts, advisors relate to students and colleagues in new ways that facilitate growth in professional reasoning abilities. Today, administrators may be asked to consider institutional politics, advocate for resources, collaborate with other departments, or undertake a range of other challenging cognitive tasks to which many have limited exposure while on the front lines of student or academic support.

In addition, as concerns with new policies or electronic systems often take precedence over relational or theoretical topics for training, many new advisors learn to rely on experienced advisors on campus and within the advising community as exemplars. Modeling, including changes to the way a person behaves, thinks, and feels according to the behavior of others, is considered a well-established effective learning strategy (Schunk, 2012, p. 123). Through modeling, advisors integrate the values of the institution and the profession with technical knowledge presented in formal training sessions. However, without context for the models' behaviors, advisors may not benefit as expected. New advisors tend to compare themselves to their models, and short-term training sessions typically do not provide the breadth of informational and relational skills that new advisors need to advise students confidently (Folsom et al., 2005). Instead, new advisors may feel doubtful, seeing themselves as less capable, when they watch more experienced counterparts incorporate and understand new technology and concepts more adroitly than they can master at their own current stage of development.

Providing sufficient time with positive mentors allows new advisors to grasp more fully the complexity of the advising role. One-on-one coaching, especially, provides a forum for advisors to discuss and reflect on their progress in a developmentally appropriate way. Sovich (2015) described the modeling useful to develop advisors during the "long and slow" training steps:

During the process, advisors in training engage in one-on-one coachings with their supervisor each day, shadow veteran advisors in the unit who also serve as peer mentors, and participate in tandem advising sessions. . . . Positive behavioral modeling can supplement these rapport building and technical training processes, while poor behavioral modeling can quickly negate strides that have been made in those areas. (paras. 5-6)

Folsom et al. (2005) suggested that training programs for new advisors be developed with the understanding that new advisors cannot incorporate the nuances of institutional policies and politics into the current context, and different short- and long-term expectations must be

developed and explicitly articulated for advisors at different levels of experience.

Gordon (1984) suggested that a number of advising functions, such as explaining requirements and decision-making support, is expected to transpire across all professionals who advise, including those whose primary role is not advising. These shared functions create the dividing line between people with advising responsibilities and members of the advising profession. Membership in the advising profession requires active development of a cognitive framework of professional reasoning that extends beyond the level of basic competence required to perform prescriptive tasks. Essential components in training all who advise balance content areas, suitable training approaches, and attention to individual advisors' skills, areas of expertise, and perceptions about advising, including their own level of willingness to advise (Habley, 1995).

Higginson (2000) expanded Gordon's framework for a successful advisor training program to include delivery consideration that "[focuses] on the advisor as student and challenges program planners to be especially sensitive to effective strategies for advisors as adult learners" (p. 301). This part of Higginson's training framework speaks to the heart of incorporating professional judgment into advisor training: the need to develop a curriculum for academic advisors as an adult learner population that cannot be assumed adept at applying critical-thinking skills to an unfamiliar context; rather, such proficiency must be actively learned.

### **Parallels to Clinical Models**

#### **Tanner's Model of Clinical Judgment**

Because of the analogy between nursing and advising practice, the model of clinical judgment for nurses proposed by Tanner (2006) can serve as a framework for the way advisors apply professional reasoning in one-on-one advising scenarios. Tanner's model is based on the assumption that clinical judgment is significantly affected by the context that the nurse has already experienced. A narrative is constructed in the moment within a context of the previous experience with the current patient and with similar patients, academic knowledge, and the nurse's own perceptions, biases, and experiences. Tanner (2006) paraphrased the work of Benner and of Peden-McAlpine and Clark as follows:

Clinical judgements require various types of knowledge: that which is abstract, generalizable, and applicable in many situations and that is derived from science and theory; that which grows with experience where scientific abstractions are filled out in practice, is often tacit, and aids instant recognition of clinical states; and that which is highly localized and individualized, drawn from knowing the individual patient and shared human understanding (p. 205).

Essentially, Tanner said that the inner life of the nurse is directly related to the external manifestation of the nurse's practice. This description lines up with that of Higginson (2000), who placed emphasis on the importance of self-knowledge in both bringing one's own experiences into the advising relationship productively and in managing the occurrence or appearance of bias. Higginson (2000) described the process of examining oneself as bringing *integrity of purpose* to the advising relationship (p. 304).

Tanner (2006) also acknowledged the contextual factors that influence nursing practice, specifically citing that the political and social realities, particularly those of power differentials, of a nursing unit may significantly affect the way a nurse processes and reacts to a situation (p. 206). The importance of context in a practitioner's perception of a situation makes integrity of purpose even more important. Practitioners, whether as a nurse or advisor, can better recognize the complex reasoning strategies needed to make balanced decisions when they can critically examine the way institutional realities impact their own behaviors and attitudes. The four major components of Tanner's model of clinical judgment—*noticing*, *interpreting*, *responding*, and *reflecting*—each have characteristics applicable to advisors' general professional reasoning process while working with students.

**Noticing.** In both clinical and advising applications, noticing implies more than the prerequisite act of being engaged in the current situation. Tanner (2006) asserted that the practitioner enters the situation with a set of expectations, which the practitioner or the client (e.g., student or patient; hereafter, *student*) duo may or may not recognize. These expectations are developed from the practitioner's history with the particular student, experiences with similar students, and formal education or training. Noticing involves the process of recognizing when the situation diverges from the

expectations. For example, a typically pleasant, engaged student arrives for an advising appointment sullen and argumentative, but does not qualify the behavior with an explanation or complaint. The advisor's expectation of this student's temperament does not align with the behavior witnessed. An inexperienced advisor may assume that the change in temperament was caused by an unrelated factor and not expend much mental energy considering it, especially if the behavior did not deviate from any typical of the student population as a whole. The advisor may also work in a unit where appointment times are limited to prescriptive tasks and so cannot probe deeper into the student's concerns.

In contrast, a more advanced advisor mentally notes (notices) that the student's behavior merits further examination because it differs from previous interactions with this particular student. This approach, conducive to the practice of professional reasoning, is supported by a unit culture that emphasizes the importance of whole-student advising with a norm of noticing deviations from a student's usual demeanor. Genuine caring alone will not support an advisor's effort to engage with a student; rather, advisors need training on identifying distress signals and assessing risk of harm to notice warning signs before attempting to move to the next appropriate action (Allen & Trimble, 1993).

**Interpreting.** A practitioner who notices deviation from the expected scenario must decide whether further action is merited. Tanner (2006, p. 208) pointed out that multiple reasoning patterns are triggered by the act of noticing in the clinical environment, allowing healthcare professionals to interpret and act on the data. Nurses make interpretations often with the benefit of physical data, such as those from vital signs. However, academic advisors experience fewer similarly distinct signals to trigger recognition of a situation or aid interpretation—other than changes in grades, physical manifestations such as crying or disheveled appearance, and attendance issues in classes or at advising appointments—that point to a student in personal or academic distress. Instead, advisors rely on relatively subtle behavioral cues and student disclosures to diagnose variations from expected behaviors. To complicate interactions based on these clues, some students may deny a problem. A patient cannot deny physiological responses that have changed significantly, but a student can assert that nothing is wrong despite an advisor's suspicion to the contrary.



Like advisors, nurses also apply intangible factors to their interpretations of patient status, and the clinical judgment behind these assessments resembles the professional judgment used by academic advisors. Tanner (2006, p. 207) indicated that intuition plays a role in nurses' clinical judgment; a nurse who has seen a number of patients presenting the same characteristics knows intuitively that a similar person is experiencing illness even before clinical data support the concern. Likewise, by experiencing unexpected outcomes when engaging with students, the advisor learns to employ professional reasoning strategies to intuit the most appropriate response. Over time, these experiences are synthesized into intuitive beliefs and feelings about subtle signals students present in relevant contexts such that many advisors make the connection subconsciously.

For example, an advisor who notices that the previously cheerful student's demeanor has changed to sullenness seamlessly integrates training, past experiences with this and other students, and intuition to identify a student in distress, and the context (an advising appointment) contributes to a contention that academic factors are contributing to the distress. The advisor with this combination of skill and experience can decide the appropriate response.

**Responding.** Taking action, or choosing to take no immediate action, on the basis of the practitioner's interpretation of the situation constitutes a response (Tanner, 2006). Although nurses may make immediate medical interventions, advisors' likely respond in relatively less concrete ways. For academic advisors, the first action typically involves probing for more information. According to one's relationship with the student and the expectations for the situation, the advisor asks questions to uncover the cause of the discrepancy between actual and expected behavior and identifies the correct course of action according to the student's responses. Roundy (1992) emphasized the importance of watching for information the student does not immediately disclose upon hearing about a referral resource: "When talking with students, pay particular attention to their expressed and implied needs. Often students won't ask to be referred for help, but they very much need referral" (para. 4). Roundy (1992) also cautioned that advisors probe to "find the right referral" (para. 5) because students may disclose a need when asked, but neglect to bring up another

more pressing need out of embarrassment, fear, or lack of understanding of institutional policies.

Advisors, like nurses, may make mistakes when responding. Taking an inappropriate approach with a student or situation could result in permanent damage to the advising relationship. Therefore, the advisor must ask the correct questions, in the most appropriate way, to get accurate information, and then respond with the best intervention for the desired outcome, sometimes without the full cooperation of the student.

Therefore, advisors not only must grasp the resources available to students and possess an appropriate set of interpersonal skills but also must use reasoning to apply their knowledge when dealing with students in distress. No amount of preparation negates the need for well-developed professional reasoning in difficult advising situations. The relational component of advising has been underexamined in advisor training, such that advisors receive fewer opportunities to address relational components than the informational or conceptual elements (Heikkila & McGill, 2015). Duslak and McGill (2014) suggested using case studies, role play, shadowing, and clinical observation as ways to incorporate the relational element and increase advisors' abilities to respond appropriately in the moment. By employing self-knowledge, intuition, and professional reasoning, advisors can intuitively engage relational strategies appropriate to the situation.

**Reflection.** In the model of clinical judgment, Tanner (2006) broke reflection into two categories: reflection-in-action and reflection-on-action. Reflection-in-action involves observing a patient's reactions to the intervention and adapting the intervention accordingly. Tanner (2006) asserted, "Much of this reflection-in-action is tacit and not obvious, unless there is a breakdown in which the expected outcomes of the nurses' responses are not achieved" (p. 209). The advisor reflects on the student's readiness for intervention, provides resources, and continues with the planned suggestion if the student seems receptive. However, if the student became visibly distressed, the advisor would likely abandon the planned discussion and respond differently to address the cause of the distress. Reflection-in-action cycles with interpreting and responding, with the advisor continually reading the situation to note stabilized student reaction or emergence of additional concerns that must be addressed immediately. Like a nurse, the advisor seeks to address any compelling concerns

immediately and identify action steps for addressing longstanding issues while the student remains open to an intervention.

Reflection-on-action is the critical process of examining an event in retrospect and considering the way it should affect the practitioner's expectations of a similar situation that emerges in the future. Tanner (2006) described this important opportunity for learning as a "habit and skill. . . . To engage in reflection requires a sense of responsibility, connecting one's actions with outcomes" (p. 209). The advisor examines the outcome, considers the way it compares to an ideal result, and identifies any necessary next steps to support the student and maintain the advising relationship. Reflection-on-action involves development of professional reasoning that becomes intuition. By assigning meaning to the parts of the interaction, the advisor attaches meaning to the behavior of oneself and that of the student. The Ohio State University (2018) incorporates self-reflection into the advisor training program, offering a one-hour session that incorporates group discussion and experiences as part of the curriculum, and presents "[analysis of] how personal thoughts, feelings, and experiences may affect interactions with students" as an intended outcome (para. 4). Advisors take advantage of the benefit of hindsight to review their behaviors in challenging interactions and consciously assess the way to handle similar situations in the future.

### **Benner's Stages of Clinical Competence**

Benner (1982) described a long-term view of the way clinical competence is developed. Benner examined the growth of the ability to understand and synthesize information and the way it changes as nurses progress through their career until their skill reaches the level that they can make complex decisions with minimal awareness of the processes used to support those decisions. Benner's five stages to clinical competence apply to the development of professional reasoning of academic advisors.

**Stage 1: novice.** In the novice stage, the practitioner enters the field with little or no formal occupation-specific experience. Often with little confidence, the practitioner takes significant time to complete tasks and requires constant cues when performing duties. Because few advisors receive formal training prior to accepting their first advising position, this stage aligns with the training period. New advisor training varies widely by

institution and specific role, but it is commonly concentrated on functional competence. Through the first year, a new advisor learns basic competencies such as where to find common policies and procedures and the way to explain them to students, how to guide an advising meeting appropriately to meet desired outcomes, manage time effectively in student advising interactions, and integrate teaching into advising (Folsom et al., 2005). As advisors begin to master prescriptive competencies, trainers can incorporate the rationale for various processes to begin engaging the advisor in critical reasoning around their role.

During Stage 1, advisors are beginning to develop important professional relationships. New advisors must actively connect to various resources to understand the way advising is integrated into the larger campus environment. Miller (2002) suggested:

One of the first things any new advisor should do is become familiar with the campus culture. Who are your students? What needs do they have? Ask advisors working in your specific field or at the same level (freshmen, graduate students, etc.) what issues students typically bring to advisors. Then connect these issues to the applicable campus services. (para. 3)

To address more than the prescriptive needs students bring to the advising relationship, novice advisors must incorporate the relational aspect of advising. Although professional advisors may have engaged with college students in the past, the academic advising relationship comprises specific considerations not necessarily intuitive to a novice advisor. Like nurses, advisors bring interpersonal skills to the practice, but they require additional support to learn to navigate relationships within the parameters of specific professional expectations and legal obligations. For example, advisors need to consider the comfort of their physical spaces for all students, present a pleasant and inviting demeanor, and establish strategies to engage with assigned student populations and individual students (Laird, 2007).

The type of support advisors receive for these competencies at the novice stage varies between institutions. In the past, interpersonal skills were discussed in lecture format alongside more technical components, but a shift to more experiential methods is emerging within the field;

these development strategies better incorporate opportunities for professional reasoning development, such as role play and cognitive apprenticeships (Duslak & McGill, 2014).

**Stage 2: advanced beginner.** Advisors in the advanced beginner phase have acquired a basic understanding of practice comparable to a recent nursing school graduate. For advisors, this stage typically ends the training period, because the practitioner performs tasks competently and is working with students regularly. The advisor understands the basics of the relevant technology and can access information effectively; however, the advanced beginner may face some difficulty completing advising meetings in the allotted time, especially when an unusual situation arises. Benner (1982) indicated that practitioners in the advanced beginner phase require occasional supportive cues, so advisors benefit from regular observation by and critique from more experienced advisors.

At the advanced beginner stage, an advisor is equipped to consider the role of student development and advising theory when undertaking day-to-day responsibilities. While student affairs professionals and faculty members, who advise as only part of their responsibilities, may reach the advanced beginner stage, primary-role (also known as *professional*) advisors continue to consider theory and scholarship because they make up foundational parts of their practice as they move into further stages of development. Although those in the advanced beginner stage of professional reasoning examine scholarship and theory, advisors may not yet be prepared to fully integrate those principles into their practice. Integration of reading and producing scholarship into advisor training teaches advisors to engage in professional reasoning according to the expectations of the profession: “Advisors from varied academic backgrounds need to recognize more explicitly their theoretical perspectives and consider their contributions to the theories and practice of advising” (Schulenberg & Lindhorst, 2008, p. 49).

**Stage 3: competent.** Benner (1982) indicated that a nurse has typically practiced for 2 or 3 years before reaching the competent stage. This time line applies to advisor development as well. Advisors in the competent stage apply relevant theory to their advising relationships, actively seek out relationship-building opportunities with advisees, use day-to-day technology proficiently, and manage difficult advising situations with minimal support. These advisors may debrief

with other advisors when advising challenges occur, because as Tanner (2006) explained, the ability to work through breakdowns in practice prove necessary to the development of professional reasoning. Advisors in the competent stage have reached the level of reasoning that puts them ahead of challenges most of the time. When a breakdown in practice occurs, like a mistake resulting in a student complaint or an unexpected variation from known policy was implemented, the advisor may experience dissonance. Whether the breakdown is a result of a change in circumstances or a result of a gap in the advisor’s current skill set, experiencing and learning from that diversion from expected outcomes allows the advisor to continue to grow their professional reasoning skills. Debriefing with other advisors and nonadvising professionals, or through self-reflection, can alleviate any dissonance and contribute to development of higher level reasoning. “Conscious, deliberate planning” characterizes this phase (NSW Health, 2011). Otterbein University (n.d.) provided a concise visual of “Top 5 Mistakes New Advisors Make” to show advisors the tools and expectations in place for planning, such as explanations of the degree audit, and to encourage new advisors to check on advisees’ progress every year. Such tools help advisors identify gaps in practice as they begin to intuit student and institutional needs. Essentially, a competent-stage advisor is seen as a good-quality ground-level advising professional.

**Stage 4: proficient.** Advisors at the proficient stage make holistic connections between the students’ academic situations and other areas of their lives. A proficient advisor integrates theory with the complexities of institutional, student, and personal realities to understand nuanced meanings. When reaching the proficient level, the advisor’s professional reasoning is less labored and decision-making skills have been improved. Integration of concepts identifies this stage for advisors (Himes, 2014, p. 11). A professional at the proficient stage sees the entire context by synthesizing the meaning of the situation into long-term goals (NSW Health, 2011).

Proficient advisors identify and address potential problems and consider situations from multiple perspectives. Advisors may recognize and appreciate diversity more than at previous stages of their professional development because they have come to understand the ways diversity affects practice and contributes to inclusivity in advising situations. Advisors at the proficient phase also value a variety of perspectives in

decision making and respect diversity of ideas and experiences as essential to the process (Himes, 2014, pp. 10–11).

Proficient advisors' grasp of situations as a whole generally makes them good candidates for leadership roles. Proficient advisors employ more measured approaches and utilize high-level professional reasoning skills when facing a problem. Even into the competent phase, advisors may struggle incorporating the full picture of institutional and student realities into their decision-making process. The seamless integration of advising and administration components cannot be expected from advisors at earlier stages of professional reasoning development, but it constitutes an important quality for advising leaders (Folsom et al., 2005).

**Stage 5: expert.** An expert advisor demonstrates honed and accurate intuition. At this advanced stage, advisors have experienced breakdowns in practice, made mistakes, integrated theory, stepped outside their usual roles, and operate with an "intuitive grasp of each situation and [zero] in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions" (Benner, 1982, p. 405). Although capable of making occasional mistakes, expert advisors infrequently err, typically only in novel situations where the practitioner's highest level of analytic ability is required (NSW Health, 2011). Expert advisors comfortably use reflection to cultivate their knowledge base and reasoning skills, and they consider learning through research and professional engagement part of their role (NACADA: The Global Community for Academic Advising, 2005). The process of integrating new information into practice becomes natural.

Expert advisors engage with students and colleagues with fluidity. The influence of intuition contributes to an ability to code switch and mimic body language, register, and vocal qualities as appropriate. Observers may notice that expert advisors easily transition between the relaxed register of a student interaction to the more formal registers characteristic of higher education administration as needed. Using this fluid approach, the advisor does not split the interactions into a student and colleague dichotomy; rather, the expert advisor instinctively responds to signals regarding the way a person wishes to be addressed in the interaction. Colgan (2016) explained, "Effective advisors interact with students as unique humans, and the exchange

permits advisors to address persons with specific needs, [which] advisors meet using a variety of techniques" (para. 11). Expert advisors also demonstrate similar comfort with a range of interactional styles to navigate the political climate of the institution; the expert advisor accesses and employs these communication skills effortlessly.

### Implications for Advising Training

Professional reasoning makes a master advisor. Actionable intuition is not inborn; it is a trait developed through consciously connecting a series of experiences, allowing for recognition of similarities to past situations and applying lessons from those situations to the current scenario without intensive conscious processing. To train advisors to integrate effectively into the profession and progress toward the expert stage of development, professional reasoning must be incorporated as an advising skill at every interim stage. Training plans should take into account that most new advisors come into the field ill prepared to incorporate the nuances of the culture of advising instinctively, institutionally and as a whole, into their practice. Duslak and McGill (2014) suggested using more prescriptive reasoning exercises, such as transcript analysis and shadowing, with novice advisors, and more complex reasoning activities, such as case studies and clinical observation, with more experienced advisors. Those responsible for guiding professional development must resist the urge to default to pushing rules in place of encouraging active engagement with the reasoning process. The approach of creating a series of if-then rules to account for an ever-increasing number of advising scenarios often proves unhelpful to the novice and leaves newcomers poorly equipped to handle complex situations. Benner (1982) cautioned, "No rule can tell a novice which tasks are most relevant in a real situation or when an exception to the rule is in order" (p. 403).

At the novice and advanced beginner stages, a heavy emphasis must be placed on training to the most immediate informational needs (Folsom et al., 2005). However, continued development, as the advisor begins to practice with students, should incorporate opportunities to engage in guided professional reasoning through connections to theory and institutional culture. Benner (1982) suggested that instructors working with nursing students in the novice and advanced beginner stages prompt their students to identify signs of readiness to learn in the patient (p. 404). Trainers



can use a similar approach to operationalize the concept of advising as teaching; that is, advisors must learn to treat advisees as learners and integrate some of the same preparation and acquired methods that instructors use to present the curriculum (Lowenstein, 2005).

According to Lance (2009, para. 6), many advisors make ideal faculty members for first-year seminar courses because of the congruence between the seminar curriculum and advising objectives. Universities are increasingly utilizing advisors in this teaching capacity (Tobolowsky, 2006), and both advisors and students stand to benefit from this trend. Frequent exposure to students in different capacities increases the ability of advisors to assess student behavior and needs critically on the basis of a broad range of data points. Serving as an instructor also creates an expanded technical knowledge base; for example, advisors who teach learn to answer student questions about online learning platforms or grading policies after using them as an instructor. By encouraging advisors to teach new student seminar courses, advising administrators facilitate the development of professional reasoning by exposing the advisor to a more nuanced perspective of both students and the institution.

In irony, expert advisors may struggle to become trainers of less experienced advisors because they must try to explain the thinking processes that have become primarily subconscious (Benner, 1982, p. 405). Therefore, as they are called into administrative or training roles, expert advisors must be conscious of their own level of development when structuring and conducting professional development activities for others; that is, as often told to do, the advisor must meet students, in this case, other advisors, where these learners are in the professional developmental process.

Once they reach high levels of responsibility, advisors tend to be charged with identifying their own professional development opportunities. This reality highlights the importance of engaging advisors to take ownership over their development of professional reasoning early in their careers. As they begin to reach the competent, proficient, and expert stages of development, advisors must get involved in professional organizations and scholarship to continue their growth. Because they are not necessarily receiving direct challenges to their professional reasoning skills, the indirect challenges provided by exposure to research and the professional community enhance their reasoning

abilities. Administrators can support the continued development of professional reasoning in advisors by providing time and resources for research, explicit inclusion of advisors in the language of institutional review board policies, financial support through conference sponsorship and membership fees to professional organizations, incentives for contributing to the body of knowledge, or any number of other institutional initiatives for the continued development of new connections and ideas. Master advisors can contribute to institutional goals, but only when cultivated and maintained as expert advisors; therefore, their professional reasoning skills must be continually expanded.

### Summary

Tanner (2006) described thinking like a nurse as “a form of engaged moral reasoning” (p. 209), which also fits thinking like an advisor. Professional reasoning as an academic advisor involves a complex array of organizing information, skills, data, beliefs, and interactions around the shared goal of excellent student support. An advisor learns to know students and institutions in both general and specific terms, examining the ways population and individual characteristics and the institutional and cultural context underlie decision-making processes.

Professional reasoning in advisors directly parallels Tanner’s (2006) definition of clinical reasoning and Benner’s (1982) description of the stages of clinical competence. By considering these models in the context of academic advising, those tasked with training for new advisors can explicitly create a set of expectations for the development of professional reasoning skills and encourage advisors to continue thinking past the prescriptive, for themselves and for their students.

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